

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 209045US2
 05/25/01		First Inventor or Application Identifier Naomi SUGIMOTO, et al.
		Title IMAGE FORMING APPARATUS
		Assignee Name: Ricoh Company, Ltd.
		Assignee Address: 3-6, 1-chome Nakamagome, Ota-ku, Tokyo, Japan

PRO
JC86 U.S. 86415

05/25/01

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets 57</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 16</p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>		
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations (4)</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (2) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input checked="" type="checkbox"/> Other: Notice of Priority, Statement of Relevancy, List of Inventors' Names and Addresses</p>		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on

Which was published in English

Which was not published in English

This application claims priority of provisional application Serial No.

Filed

19. CORRESPONDENCE ADDRESS



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Docket No. 209045US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Naomi SUGIMOTO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMAGE FORMING APPARATUS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	10 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$840.00
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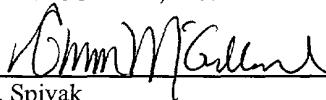
A duplicate copy of this sheet is enclosed.

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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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